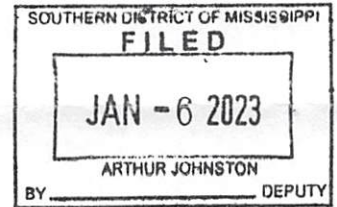


NOTICE: THIS IS A SAMPLE FORM WHICH MAY BE USED ONLY AS A GUIDE IN CONSTRUCTING A COMPLAINT IN THE UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF MISSISSIPPI. ALTHOUGH THE PLAINTIFF MAY BE PRO SE (not represented by an attorney), THE PLAINTIFF IS STILL REQUIRED TO COMPLY WITH THE FEDERAL RULES OF CIVIL PROCEDURE AND THE LOCAL RULES OF THE SOUTHERN DISTRICT OF MISSISSIPPI. **DO NOT WRITE ON THIS FORM.**

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF MISSISSIPPI
Northern DIVISION



PLAINTIFF

CHARLES FARBE
(Plaintiff's name)

VS.

CIVIL ACTION NO. 3:23-cv-9-KHJ-MTP
(to be provided by the Court)

MISSISSIPPI DRUG ENFORCEMENT
ATTALA SHERIFFS OFFICE
DEA
(Defendant(s) name(s))

DEFENDANT(S)

COMPLAINT

COMES NOW, plaintiff, (plaintiff's name), pro se, and for cause of action against the defendant(s), (each of the defendants names), would state:

JURISDICTION

(Plaintiff is to complete this space by making a short and accurate statement of the grounds upon which the court's jurisdiction depends. That is, why this matter is being brought in Federal Court).

I.

Plaintiff is an adult resident citizen of the County of TOLEDO State of Mississippi.

The defendant CHARLES FARBE is an adult resident citizen of the County of ATTALA, State of MISSISSIPPI. (The plaintiff will need to provide this information for each of the

defendants).

FACTS

(Plaintiff is to make a short and plain statement of the claim along with the facts that show why the plaintiff is entitled to relief).

RELIEF

(Plaintiff is to state what relief he/she is seeking to obtain from the court).

Respectfully submitted, this the 76 day of JANUARY, 2023

Charles Farbe
(signature of plaintiff)

NAME, ADDRESS AND PHONE NUMBER OF PLAINTIFF:

(name of plaintiff) CHARLES FARBE

(mailing address of plaintiff) 808 S Natchez

(city, state and zip code) KOSCIUSKO MS 39090

(phone number of plaintiff) 1662 582 0492